FILED OCT 2 9 1957 STANDARD CERTIFICATE OF DEATH  1 STAN NO. 180 PRIMARY REG. DIST. NO. 1003 Registery No. 1	. No.300	11	•	THE DIVISION						<b>^</b> -^^	-
Compared to the property of	10.48	FILED OCT 29	195 <b>7</b> ·	STANDARD C	ERTIF	ICATE OF D	-	~ ~ ~	File No	37695	2
LOUNTY  D. CITY III sendeds serpermis Builty, write RURAL and size overable)  EVEN St. Louis  G. CITY III sendeds serpermis Builty, write RURAL and size overable)  G. CITY III sendeds serpermis Builty, write RURAL and size overable)  G. CITY III sendeds serpermis Builty, write RURAL and size overable)  G. CITY III sendeds serpermis Builty, write RURAL and size overable)  G. CITY III sendeds serpermis Builty, write RURAL and size overable of the sended server with the sended of the sended server with the sended server sended sended server sended server sended server sended		BIRTH NO		REG. DIST. NO. 3	<u> 18                                    </u>		31. NV	Kegis		<u>9803</u>	
b. CITY (if seeds compares limits, write RURAL and stre. Town St. Louis St. Louis STAY fine the last to community of STAY fine the stay of STAY fine the last to community of STAY fine the las	4		4			a. STATE		Where deceased liv b. COU	red. If Inetit	ution: residence b	efore
TOWN St. Louis State Hospital or Institutions, size stress address or locations of Control of Contr	0		b CITY (If outside exercise blints and a DIDAL and also I a LENGTH OF			ll a CCTV				<del>/</del> -	<del>.</del>
S. SEX   D. 6. COLOR OR RACE   T. MARKED NEVER MARRIED   Oct. 27, \$\frac{1}{2}\text{Dist}   Destrict   Oct. 17, 1957   Oct. 17, 1957   Oct. 25, \$\frac{1}{2}\text{Dist}   Destrict   Oct. 27, \$\frac{1}{2}\text{Dist}   Destrict   Destrict   Destrict   Destrict   Oct. 27, \$\frac{1}{2}\text{Dist}   Destrict   Destrict	٥	OR township) STAY (in this place)			this place)	OR Leity				nes within limits of incorporated town?	
S. SEX   D. 6. COLOR OR RACE   T. MARKED NEVER MARRIED   Oct. 27, 1950   S. DATE OF BIRTH 1898   S. DATE STATE OF BIRTH 1898   S. DATE OF BIRTH 1898	)R.	d. FULL NAME OF (II B	ot in hospital or inst								_
S. SEX   D. 6. COLOR OR RACE   T. MARKED NEVER MARRIED   Oct. 27, 1950   S. DATE OF BIRTH 1898   S. DATE STATE OF BIRTH 1898   S. DATE OF BIRTH 1898	ပ္ထ	institution S				1570	3834 Kir	ngsland C	ourt		
S. SEX D. G. CCLOR OR RACE   7. MARRIED, NEVER MARRIED, S. DATE OF BIRTH   100   9. AGE Lis years   1 mast   1	22	DECEASED		• •	•		G	4. DATE	(Month)	· · · · · · · · · · · · · · · · · · ·	
Joseph Kleekamp    S. Made of Musband of Pieter   14. Name of Musband of Rife   15. Mother   16. Social Security   17. Informant's Signature or Name   Address   16. Social Security   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   A	EX	(19pc of 11th)				<del></del>		DEATH			<u>57</u>
Joseph Kleekamp    S. Made of Musband of Pieter   14. Name of Musband of Rife   15. Mother   16. Social Security   17. Informant's Signature or Name   Address   16. Social Security   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   A	NE			7. MARRIED NEVER MAR WIDOWED DIVORCED ( MATT1ED	RIED. Specify			9. AGE (In year last birthday)	Months I	FAR IF UNDER H I	
Joseph Kleekamp    S. Made of Musband of Pieter   14. Name of Musband of Rife   15. Mother   16. Social Security   17. Informant's Signature or Name   Address   16. Social Security   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   A	X	10a. USUAL OCCUPATION (	(Give kind of work	10b. KIND OF BUSINESS	OR IN-			DOD TIES	<u>-</u>	2. CITIZEN OF WI	HAT
Joseph Kleekamp    S. Made of Musband of Pieter   14. Name of Musband of Rife   15. Mother   16. Social Security   17. Informant's Signature or Name   Address   16. Social Security   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   17. Informant's Signature or Name   Address   Address   17. Informant's Signature or Name   Address   A	HH.	Western Union	Clerk		Dustry	St. Loui			,	COUNTRY? USA	
JOSEPH Kleekamp  10. MAS DECASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY  11. SWAS DECASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY  12. SWAS DECASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY  13. CAUSE OF DEATH  14. Enter canly anneause per 16. SOCIAL SECURITY  15. MEDICAL CERTIFICATION  16. COLOR OF CARTIFICATION  17. DISEASE OR CONDITION  MEDICAL CERTIFICATION  MINUTAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MINUTAL CERTIFICATION  MEDICAL CERTIFICATION  MINUTAL CERTIFICATION  MEDIC		13a. FATHER'S NAME		13b. MOTHER'S	MAIDEN	NAME	14. NA	ME OF HUSBAND			_
*This does not mean the mode of dying, such as heart failure, eather failure, acher failure, ach	· <u>=</u> '	Joseph Kle	ekamp	Bernadir	e Fle	eiter	Car	rie			
*This does not mean the mode of dying, such as heart failure, eather failure, acher failure, ach	E									ADDRES:	5
*This does not mean the mode of dying, such as heart failure, eather failure, acher failure, ach	Ķ	no no	5ne		026	Carrie K	leekam	o 3834Ki	ingsla	indCt.	_
*This does not mean the mode of dying, such as heart failure, eather failure, acher failure, ach	<u>,</u>	18. CAUSE OF DEATH	18. CAUSE OF DEATH  MEDICAL CERTIFICATION  Letter only one cause per 1 Disease OR CONDITION  Enter only one cause per 1 Disease OR CONDITION  A Quite Control of the contro								EN TH
Morbid conditions, if any, giving the mode of dying, such as heart falture, asthemia, etc. It means the distance course (a) stating the underlying cause last.  DUE TO (c)  DU	Z	line for (a), (b), and (c)									
April on the contribution of the deceased from May 7. 19518 to Cather 17, 19 57., that I last saw the deceased alive on October 17, 19 57., and that death occurred at 3:15 2m., from the causes and on the date stated above.  218. BURIAL, CREMA- 12b. DATE  226. NAME OF CEMETERY OR CREMATORY  226. NAME OF CEMETERY OR CREMATORY  226. NAME OF CEMETERY OR CREMATORY  227. PER	Ħ	*This does not mean ANTECEDENT CAUSES								•	
the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  HOMICIDE  HOMICIDE  11d. TIME  (Month) (Day) (Year) (Hour)  21d. TIME  (Month) (Day) (Year) (Hour)  (Month) (Hour) (Hour) (Hour) (Hour)  (Month) (Hour) (Hour) (Hour) (Hour)  (Month) (Hour) (Hour) (Hour) (Hour) (Hour)  (Month) (Hour) (Hour) (Hour) (Hour)  (Month) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour)  (Month) (Hour) (H	<b>₩</b>	the mode of dying, such h	g, such Morbid conditions, if any, giving DUE TO (b) 113 PGI OGHS 1011								
11. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the distage or condition counting death.     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERA	BI	etc. It means the dis-									
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., theoretown)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	õ		OTHER SIGNIFI								—
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., theoretown)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	NIG	1 6	Conditions contributing to the death but not Trichates 11.2 A. I						0.1		
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., theoretown)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	E.	19a. DATE OF OPERA-   19							20.,AUTOPSY1	—	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NO	N C	TION							/		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE 1  22. I hereby certify that I attended the deceased from May 7, 1951;	Ċ	21a. ACCIDENT (Bp.				21c. (CITY, TOWN,	OR TOWNSHI	P) (CO	(YTNU	(STATE)	
WHILE AT NOT WHILE AT NOT WHILE AT WORK  2. I hereby certify that I attended the deceased from May 7. 1951.9 , toOctober 17, 1957, that I last saw the deceased alive on October 17, 1957, and that death occurred at 3:45 am., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) p 23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY 1 ON REMOVAL Greatly 10-19-57 Mt. Olive  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  SOUTHERN Funeral Home  SOUT	<b>S</b>		Dani (2000) (2	21a INILIPY OCCI	IPPED	214 HOW DID IN II	IIDV OCCUPI				—
22. I hereby certify that I attended the deceased from May 7, 19510, toOctober 17, 1957, that I last saw the deceased alive on October 17, 1957, and that death occurred at 3:45 2m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) p 23b. ADDRESS  23c. DATE SIGNED  24a. BURIAL. CREMA: 23b. DATE  24c. NAME OF CEMETERY OR CREMATORY  10-17-57  24d. LOCATION (City, town, or county)  10-19-57  Mt. Olive  DATE REC'D BY LOCAL  REGISTBAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  SOUTHERN Funeral Home  SOUTHERN Funeral Home  25. FUNERAL DIRECTOR'S SIGNATURE  SOUTHERN Funeral Home  25. FUNERAL DIRECTOR'S SIGNATURE  26. CREMATORY  27. DATE SIGNATURE  ADDRESS  SOUTHERN Funeral Home  28. FUNERAL DIRECTOR'S SIGNATURE  29. CREMATORY  ADDRESS  SOUTHERN Funeral Home  29. FUNERAL DIRECTOR'S SIGNATURE  20. CREMATORY  ADDRESS  SOUTHERN Funeral Home  25. FUNERAL DIRECTOR'S SIGNATURE  26. CREMATORY  ADDRESS  SOUTHERN Funeral Home  27. TOWN Funeral Home  28. FUNERAL DIRECTOR'S SIGNATURE  29. CREMATORY  ADDRESS  SOUTHERN Funeral Home  29. CREMATORY  ADDRESS  SOUTHERN Funeral Home  29. TOWN Funeral	, β	OF INJURY	Day, (1441) (11	WHILEAT CT NOT W	HILETTI )	211. 11011 010 110	JIII 0000III				
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24a. BURIAL. CREMA- 12b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  SOUTH OF THE COUNTY ADDRESS SOUTH OF THE COUNTY ADDRES	Ţ		7).								ED
Z4a. BURIAL. CREMA- 12b. DATE  10-19-57  Mt. Olive  24c. NAME OF CEMETERY OR CREMATORY  Lemay 23, Mo.  24d. LOCATION (City, town, or county)  Lemay 23, Mo.  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  SOUTHER Funeral thomes  Southern Funeral Home  Crand. Tours, Mo.			X)(a)	(cer mis	٦ (	5400 Arse	enal Str	reet	-		<i>*</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  Southern Funeral Home St. Hous, M.	RITI	24a. BURTAL, CREMA-	,				24d. LOC/	TION (City, tow	n, or county	) (State)	_
OCT 215 FG. Karlefurth MA Southern Funarast Hottouis, Mo.	≯			· '//	<del></del>	25 FUNERAL DI	RECTOR'S S	LEMATURE	ADD	RESS	-
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Carrie

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resident of the reserve

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln .... Student Embalmer No...... by me, or by ......

working under my personal supervision..

.105

الراحم ووالمتراث تربين

Licensed Embalmer No.4212

Signature of Student Embalmer

There are a second of the ... P. O. Address 51 Louis Or

1 LT Note: The above MUST, BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Faile to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.